

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: County <u>Kent</u> City or town <u>Rock Hill</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>all life</u> Hospital, institution, or street address where death occurred: How long in hospital or institution? <u>None</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>MD</u> County <u>Kent</u> City or town <u>Rock Hill</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war _____	
3. (a) FULL NAME <u>James A Blackstone</u>		3. (b) Social Security Number <u>219-14-4501</u>	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
8. (b) Name of husband or wife <u>Ida V Blackstone</u>		6. (c) If alive, give age _____ years	
7. Birth date of deceased (mo., day, yr.) <u>Oct 2-18-77</u>			
8. AGE: Years <u>67</u>	Months _____	Days _____	If less than one day _____ hrs. _____ min.
9. Birthplace <u>Queen Anne Co</u> (Town, county, and state)			
10. Usual occupation <u>Labor</u>			
11. Industry or business _____			
FATHER	12. Name <u>James Blackstone</u>		
	13. Birthplace <u>G. A. Co</u>		
MOTHER	14. Maiden name <u>Frances Hill</u>		
	15. Birthplace <u>G. A. Co</u>		
16. Informant <u>Mrs. Margaret Wile</u> Address <u>Rock Hill</u>			
17. Burial <u>Wentley Chapel</u> Date thereof <u>April 4-45</u> (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory <u>Wentley Chapel</u> Location <u>Rock Hill</u> Edgar L. Lane 18. Funeral director <u>Amos Hill</u> Address <u>414 S. Howard</u> 19. <u>414</u> <u>1945</u> <u>8. Howard</u> <u>Burgess</u> (Date rec'd by registrar) (year) (month) (day) (year) (name) (signature)			
2. MEDICAL CERTIFICATION 20. DATE OF DEATH <u>Apr 3</u> 19 <u>45</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ and that I issued a _____ Certificate of death _____ Cause of death <u>Shot wound</u> Due to _____ Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) Major findings of operations <u>None</u> Date of op. _____ Autopsy results <u>No</u> PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>Accident</u> Where did injury occur? <u>Rock Hill</u> (City or town) <u>MD</u> (State) Injured at home, farm, industry, public place (where?) _____ Means of injury <u>Shot wound</u> Injured at work? <u>No</u> 23. SIGNATURE <u>James A Blackstone</u> M. D. or other _____ Address _____ Date signed <u>Apr 3</u>			

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MAY 2 1945
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County KentCity or town Galeana
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 24 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Josephine A. Davis

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife (Late) James D. Davis Sr.

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

March 9, 1857

8. AGE:

Years

Months

Days

If less than one day

88114

hrs.

min.

9. Birthplace

Warrick Cecil Co. Maryland
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

home

FATHER

12. Name

James Staats Davis

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary A. Caulk

15. Birthplace

Cecil Co. Maryland

16. Informant

Mrs. Helen S. Spay

Address

Galeana Kent Co. Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/26/45
(month) (day) (year)

Cemetery or crematory

Forest

Location

Middletown Delaware

18. Funeral director

Morris V. Williams

Address

Chestertown Maryland19. April 2519 45
(Date rec'd by registrar)Elizabeth J. Melford

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Kent

City or town

Galeana
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

—

MEDICAL CERTIFICATION

20. DATE OF DEATH

- April 2319 45at 5:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2019 45

to

April 23 19 45and that I last saw her alive on April 2019 45

Immediate cause of death

CoronaryThrombosis

DURATION

2 days

Due to

Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

J. B. Niles

M. D. or other

Address

Middletown Del

Date signed

4/24/45

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RECEIVED APR 27 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 924

CERTIFICATE OF DEATH

04026

Reg. Dist. No. _____

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Ward No.

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1945, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 24th 1943, to April 1st 1945and that I last saw him alive on April 1st 1945

Immediate cause of death Mitral Stenosis

DURATION

3 mo

Due to High B.P.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed April 4, 1945

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MARGIN RESERVED FOR BINDING

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 522

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County KennedyvilleCity or town Kennedyville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? whole life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George M. Glenn4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Clara B. Jan Dyle6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) July 5, 18688. AGE: Years 76 Months 9 Days 2 If less than one day

hrs. min.

9. Birthplace Rock Hill, Md.
(Town, county, and state)10. Usual occupation Blacksmith

11. Industry or business

12. Name William Glenn13. Birthplace Baltimore Md.14. Maiden name Georgia Lent15. Birthplace Baltimore16. Informant Mrs. M. Glenn wifeAddress Kennedyville17. Burial Date thereof 4/10/45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ChristLocation Christ18. Funeral director Marvin V. WilliamsAddress Christ Maryland19. April 9 1945 J. W. Blair
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Kennedyville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war 2nd

3. (b) Social Security Number

215-20-0483

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1945 at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1943 to April 6 1945and that I last saw him alive on April 6 1945

Immediate cause of death

PneumoniaDue to Carcinoma of L. KidneyDue to Metastasis in OmentumOther conditions Metastasis in Omentum

(Include pregnancy within 8 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank N. SmithAddress Christ MarylandDate signed April 7/45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44-21

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
502 High Street, Chestertown, Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 502 High Street, Chestertown
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME

Virgil Wood Kendall

3.(b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced

Male White Widowed

6.(b) Name of husband or wife Doree Rebecca True Kendall

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 6, 1868

8. AGE: Years 76 Months 5 Days 29 Hrs. _____ min. _____

9. Birthplace Rock Hall, Kent Maryland
(Town, county, and state)

10. Usual occupation Book keeper

11. Industry or business Coal

12. Name Joseph Kendall

13. Birthplace Kent County, Md.

14. Maiden name Mary Ann Benton

15. Birthplace Rock Hall, Maryland

16. Informant Miss Mary True

Address 502 High Street, Chestertown, Md.

17. Burial Date thereof April 6, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester Cemetery

Location Chestertown, Maryland

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. April 4, 1945 Clara L. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 19 45 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 19 44 to April 4 19 45
and that I last saw him alive on March 27 April 1, 19 45

Immediate cause of death Coronary artery disease Hypertension
Ovarian metastatic carcinoma 4 years
lung - carcinoma with regional 5 years
Due to _____

Other conditions Asthma Several years

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE A. C. Dick, M.D. M. D. or other
Address Chestertown, Md. Date signed 4-4-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

CERTIFICATE OF DEATH

04028

Reg. Dist. No. *2, 0, 2*

1. PLACE OF DEATH:

County *Kent*
 City or town *Near Warpo*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *whole life*
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Robert Rasin

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Rose Ann Crew

7. Birth date of deceased (mo., day, yr.)

March 2, 1958

6. (c) If alive, give age years

8. AGE:

87

Years

Months

1

Days

6

If less than one day

*hrs.**min.*

9. Birthplace

Kent Co. Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Dulany Rasin

12. Name

13. Birthplace

Warpo

14. Maiden name

May Ann Beck

15. Birthplace

Warpo, Kent Co. Md

16. Informant

George Rasin
Address *Warpo, RR*17. *Burial*

(Burial, cremation, or removal. Which?)

Date thereof

4/10/45
(month) (day) (year)

Cemetery or crematory

Still Pond

Location

Still Pond, Maryland

18. Funeral director

Mavis V. Williams
Address *Chesapeake, Maryland*19. *April 10, 1945*

(Date rec'd by registrar)

Clara S. Barnes
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Kent*
 City or town *Warpo P.R. Md*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Matthews Lane*
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *April 8, 1945* at *2:45 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1936 to *April 8, 1945*and that I last saw him alive on *April 8, 1945*

Immediate cause of death

Chronic Myocarditis

Due to

Chronic Bronchitis

Due to

Pneumonia

Other conditions

Emphysema

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Frank W. Smith*

M. D. or other

Address *Chesapeake* Date signed *4/18/45*

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County MontgomeryCity or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 530 W. Biddle St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Sanders

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Adella Sanders6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.)

6-2-89

8. AGE:

Years

55

Months

10

Days

28

If less than one day

hrs. min.

9. Birthplace

Montgomery Ala.
(Town, county and state)

10. Usual occupation

Salmon

11. Industry or business

Canning

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Adella Sanders (wife)

16. Informant

Adella Sanders (wife)

Address

530 W Biddle St. Balt's Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

5/3/45
(month) (day) (year)

Cemetery or crematory

Int. Calvary

Location

99 E. Md.

18. Funeral director

Marvin L. Williams

Address

Chesapeake Maryland

19.

May 2
(Date rec'd by registrar)

1945

Clair D. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1945 at 11407 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

his last illness 1945 tohis death 1945 and that I last saw him alive on April 30 1945Immediate cause of death Heart & Blood Vessels DURATIONHeart & Blood Vessels

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 464

CERTIFICATE OF DEATH

Reg. Diat. No. 202

1. PLACE OF DEATH: Chestertown
 County Kent Co Md
 City or town Chestertown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Whole life
 Hospital, institution, or street address where death occurred:
202 Queen St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Chestertown Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 202 Queen St
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Walter Ringgold Strong
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Sarah Watson Strong
 6. (c) If alive, give age 40 years
 7. Birth date of deceased (mo., day, yr.) Oct 18 1890

8. AGE: Years 54 Months 6 Days 9 If less than one day hrs. min.

9. Birthplace Kent Co Md
 (Town, county, and state)

10. Usual occupation Engineering

11. Industry or business

FATHER 12. Name Walter Brown Strong
 13. Birthplace Kent Co Md

MOTHER 14. Maiden name Mary Belle Prigel
 15. Birthplace Kent Co Md

16. Informant Mrs Sarah Strong wife
 Address Chestertown Md

17. Burial Date thereof April 25, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Saint Paul's Cemetery

Location near Chestertown, Md.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. April 23 1945 Clara L. Barnes
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number
214-14-4050

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1945 at 10.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1944 to April 22 1945

and that I last saw him alive on April 22 1945

Immediate cause of death Acute Rheumatism

Due to Obstruction of aorta

Due to Coronary atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Acute myocardial infarction

Maryland University Hospital Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Frank M. Smith

Chestertown M. D. or other

Address Chestertown Date signed 4/23/45

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County..... Kent

City or town..... Chestertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Queen St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Kent

City or town..... Chestertown
(If outside city or town limits, write RURAL and give nearest town)Street No..... Queen St
(If rural, give LOCATION)

2.(a) If veteran, name war..... no

3. (a) FULL NAME

J. Frank Wheatley

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife..... Mary Elizabeth

7. Birth date of deceased (mo., day, yr.)

August 24 1852

8. AGE: Years Months Days If less than one day

92

7

23

hrs. min.

9. Birthplace..... Kent Co., Md.

(Town, county, and state)

10. Usual occupation.....

Bookkeeper

11. Industry or business.....

FATHER 12. Name..... Arthur R. Wheatley

13. Birthplace..... Maryland

MOTHER 14. Maiden name..... Mary Ayers

15. Birthplace..... Maryland

16. Informant..... Miss. Flora Wheatley

Address..... Queen St. Chestertown, Md.

17. Burial..... Date thereof..... Apr. 22, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Chester Cem.

Location..... Chestertown, Md.

18. Funeral director..... J. Willis Wells

Address..... Chestertown, Md.

19. April 19, 1945..... Clara L. Bannen

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Apr 17, 1945..... at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 13, 1945, to Apr 17, 1945

and that I last saw him alive on Apr 17, 1945

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antepartum results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Address.....

Date signed.....

M. D. or other

Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

Chas. R. Roney
Jas. Ryan
Jas. Galbraith
John Jones.

Ed
John

RECEIVED

APR 21 1945

BUREAU V.S.

C. R.

110

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 years
Hospital, institution, or street address where death occurred:
Kent General Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 333 Calvert Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Edward Wickes

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 20, 1931
8. AGE: Years 14 Months 1 Days 8 If less than one day hrs. min.
9. Birthplace Chestertown, Kent, Maryland
(Town, county, and state)
10. Usual occupation Student
11. Industry or business

12. Name John Brown
13. Birthplace ?
14. Maiden name Lucille Wickes
15. Birthplace Chestertown, Md
16. Informant Hospital Records
Address Chestertown, Md
17. Burial Date thereof 8/1/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Chestertown
Location Chestertown
18. Funeral director Morris V. Williams
Address Chestertown, Md.
19. May 1 1945 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1945 at 9⁰⁰ A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1945, to April 28 1945, and that I last saw him alive on April 28 1945

Immediate cause of death Peritonitis
DURATION 8 hours
Due to Intestinal tuberculosis (ulcerating) rupture of the ulcer of colon 3 weeks
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE CC Wickes, M.D. M. D. or other
Address Chestertown Md Date signed 4-28-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 3 1945

BUREAU V.S.